



Bib Data Sheet

CONFIRMATION NO. 4446

SERIAL NUMBER 09/670,346	FILING DATE 09/27/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. P021941-00001	
APPLICANTS Robert Lamb, Midlothian, VA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/02/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY VA	SHEETS DRAWING	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
ADDRESS 4372 ARENT FOX KINTNER PLOTKIN & KAHN 1050 CONNECTICUT AVENUE, N.W. SUITE 400 WASHINGTON , DC 20036					
TITLE VITAMIN E PHOSPHATE/PHOSPHATIDYLCHOLINE LIPOSOMES TO PROTECT FROM OR AMELIORATE CELL DAMAGE					
FILING FEE RECEIVED 689	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4446

SERIAL NUMBER 09/670,346	FILING DATE 09/27/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. P021941-00001
APPLICANTS Robert Lamb, Midlothian, VA;				
<p>** CONTINUING DATA ***** This application is a CIP of 09/368,173 filed 8-5-99, Abw, which is a CIP of 08/347,167 filed 11-23-94 Abw, which is a COM 08/109,486 filed 8-20-93 Abw, which is a CIP of 07/836,085 filed 2-14-92 Abw.</p> <p>** FOREIGN APPLICATIONS *****</p>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY VA	SHEETS DRAWING	TOTAL CLAIMS 26
				INDEPENDENT CLAIMS 5
ADDRESS 4372				
TITLE Vitamin E phosphate/phosphatidylcholine liposomes to protect from or ameliorate cell damage				
FILING FEE RECEIVED 554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	